


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027194 1. Entity Name FLORIDA DERMATOLOGY, L.L.C.	
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Principal Place of Business 1703 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547	Mailing Address 1703 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547
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07052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3767601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ARROWSMITH, DAVID R 1703 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when certifying)

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ARROWSMITH, DAVID R 1703 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)
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07/13/06-80007-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.

SIGNATURE: *David R. Arrowsmith* 7/5/06 850-862-3105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #